

## APPLICATION PACKET CHECKLIST SCHOOL BUS RETROFIT

Submit a **complete** application packet to decrease the processing time and delay possible incentive funding. A complete application packet includes the following items:

- ☐ Completed **Application** and include a:
  - ▲ Completed **Certifications** Section, signed in blue ink.
  - ▲ Completed **Funding Disclosure**, signed in blue ink.
  - ▲ If applicable, Completed **Third Party Information**, signed in blue ink.
- ☐ A school board resolution or a duly authorized official with the authority to make financial decisions, authorizing submittal of this grant request.
- ☐ Completed **IRS Form W-9**.
- ☐ Copy of California Highway Patrol Safety Certification (**CHP form 292**), for each school bus to be retrofitted.
- ☐ Copy of Department of Motor Vehicles **registration** for each school bus to be retrofitted.
- ☐ Dated and itemized dealer **quote** for the retrofit device.
  - ▲ The quote must provide a breakdown for the total cost of the retrofit device.
- ☐ Copy of the ARB certification **executive order** for the retrofit device.
- ☐ Submit completed applications to:

Lisa McNally  
**ICF International**  
394 Pacific Avenue, 2<sup>nd</sup> Floor  
San Francisco, California 94111

[www.arb.ca.gov/bonds/schoolbus/schoolbus.htm](http://www.arb.ca.gov/bonds/schoolbus/schoolbus.htm)

## SCHOOL BUS RETROFIT APPLICATION

### I. APPLICANT INFORMATION

1.	Applicant Type : <input type="checkbox"/> School District <input type="checkbox"/> JPA <input type="checkbox"/> Private Transportation Agency		
2.	Applicant Name:		
3.	Applicant Address:		
4.	a. City:	b. State:	c. Zip Code:
5.	a. Contact Name:	b. Contact Title:	
6.	a. Contact Phone:	b. Contact Fax:	
7.	Contact Email:		
8.	Air District Name:		
9.	Person with Contract Signing Authority:		
10.	Number of School Buses in Fleet:		
11.	Number of School Buses to be Retrofitted:		
12.	School District(s) Associated with Project (if applicant is a JPA or Private Transportation Agency):		
13.	Percent of Time this/these School Bus/Buses is/are Associated with the Mentioned School District(s):		

### II. EXISTING SCHOOL BUS INFORMATION

**Complete this section for each vehicle proposed to be retrofitted:** Vehicle \_\_\_\_ of \_\_\_\_

14.	School Bus Identification Number:		
15.	School Bus Storage Address:		
16.	a. City:	b. Zip Code:	
17.	School Bus Manufacturer:		
18.	a. School Bus Model:	b. School Bus Model Year:	
19.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other		
20.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other		
21.	a. Estimated Annual Fuel Usage for this School Bus:	b. Cumulative Mileage:	
22.	a. Vehicle License Number:	b. Gross Vehicle Weight Rating (GVWR):	
23.	Vehicle Identification Number (VIN):		
24.	a. Engine Make:	b. Engine Model:	c. Engine Model Year:
25.	a. Engine Displacement:	b. Engine Serial Number:	
26.	Manufacturer's Maximum Brake Horsepower Rating:		
27.	Average Vehicle Life (how long you usually keep your school buses):		

### III. LEVEL 3 RETROFIT TECHNOLOGY INFORMATION

28.	Retrofit Manufacturer:		
29.	Retrofit Model:		
30.	Retrofit Family Name:		
31.	Cost of Retrofit Device (includes tax and installation):		
32.	Cost of Additional Expenses (maintenance, infrastructure, cleaning, data-logging):		
33.	a. LESB Funds Requested:	b. Estimated Installation Date:	

### IV. RETROFIT DEALER/INSTALLER INFORMATION

34.	Retrofit Dealer/Installer:		
35.	Address:		
36.	a. City:	b. State:	c. Zip Code:
37.	a. Phone:	b. Fax:	
38.	Email:		

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### VII. ADDITIONAL INFORMATION

**39. Maintenance**

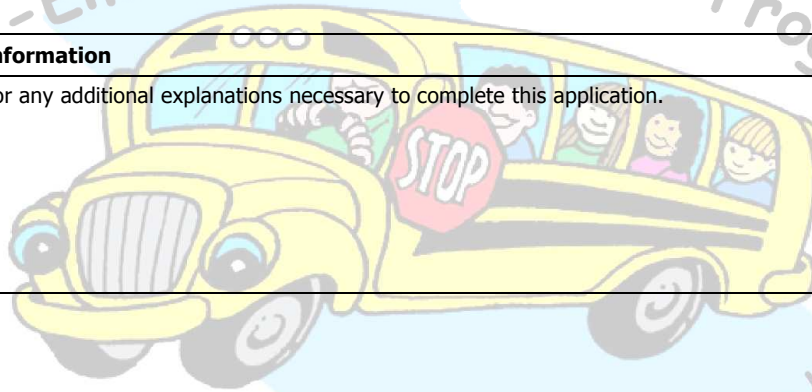
Describe your maintenance facility and practices, including any training regarding the retrofit technology. If the training has not been completed, provide a timeline for completion.

**40. Additional Costs**

Describe additional costs associated with infrastructure, device maintenance, filter element de-ashing, or data-logging that are necessary for retrofit device installation and operation. These costs are eligible for funding. Additional costs must be supported by a price quote clearly illustrating costs.

**41. Additional Information**

Please use this space for any additional explanations necessary to complete this application.



[www.arb.ca.gov/bonds/schoolbus/schoolbus.htm](http://www.arb.ca.gov/bonds/schoolbus/schoolbus.htm)

## SCHOOL BUS RETROFIT APPLICATION

### SCHOOL DISTRICT/ORGANIZATION CERTIFICATION

I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party (Must sign in <b>BLUE INK ONLY</b> ):	Date:

### FUNDING DISCLOSURE

Have you applied for or been awarded other grants for any buses being retrofitted listed in this application?

☐ Yes, fill section below and complete for each bus being retrofitted ☐ No, skip this section

Agency Applied to:

☐ Clean School Bus USA ☐ Other

Date of Application:

Funding Amount:

Buses included in this Request (list engine serial numbers):

Status of Application: ☐ Canceled ☐ Pending ☐ Funded ☐ Other

### THIRD PARTY INFORMATION

This section **must be completed** if any part or all of the application was filled out on your behalf, by a third party.

Contact Name and Title:

Business Name:

Phone Number:

Cost of Services (not eligible for funding reimbursement):

Source of Funds:

I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge, and that the Air Resources Board funds may not be utilized to compensate me for my services.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party (Must sign in <b>BLUE INK ONLY</b> ):	Date: